



## MINNESOTA DRUG CONTROL UPDATE

*This report reflects significant trends, data, and major issues relating to drugs in the State of Minnesota.*

### Minnesota At-a-Glance:

- Approximately 8 percent of Minnesota residents reported past-month use of illicit drugs; the national average was 8 percent.
- The number of drug-induced deaths in Minnesota was roughly half the national average.
- Marijuana is the most commonly cited drug among primary drug treatment admissions in Minnesota.

## Drug Use Trends in Minnesota

**Drug Use in Minnesota:** The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent Survey, 8.24 percent of Minnesota residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 3.08 percent of Minnesota residents reported using an illicit drug other than marijuana in the past month (the national average was 3.58 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2007–2008 National Survey on Drug Use and Health: <http://oas.samhsa.gov/2k8state/Cover.pdf>

**Drug-Induced Deaths:** As a direct consequence of drug use, 359 persons died in Minnesota in 2007. This is compared to the number of persons in Minnesota who died from motor vehicle accidents (618) and firearms (344) in the same year. Minnesota drug-induced deaths (6.9 per 100,000 population) were lower than the national rate (12.7 per 100,000).

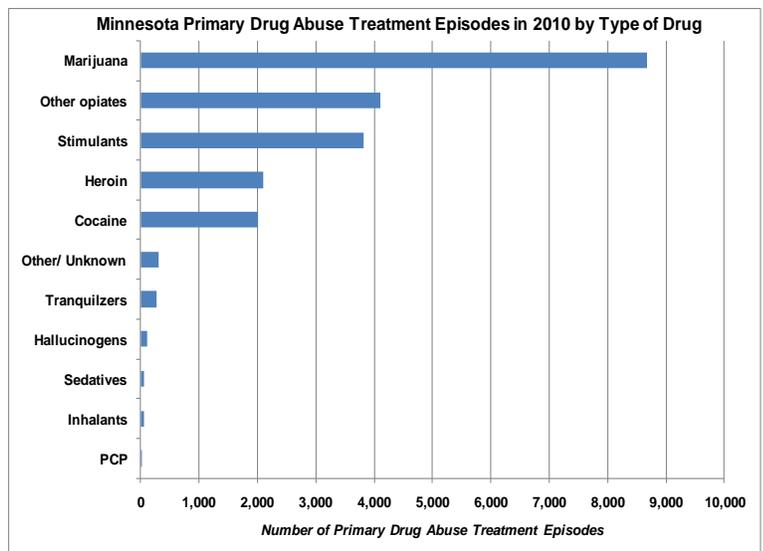
Source: Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: [http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58\\_19.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf)

## Substance Abuse Treatment Admissions Data

### Minnesota Primary Treatment Admissions

The graph at right depicts substance abuse primary treatment admissions in Minnesota in 2010. The data show marijuana is the most commonly cited drug among primary drug treatment admissions in the state.

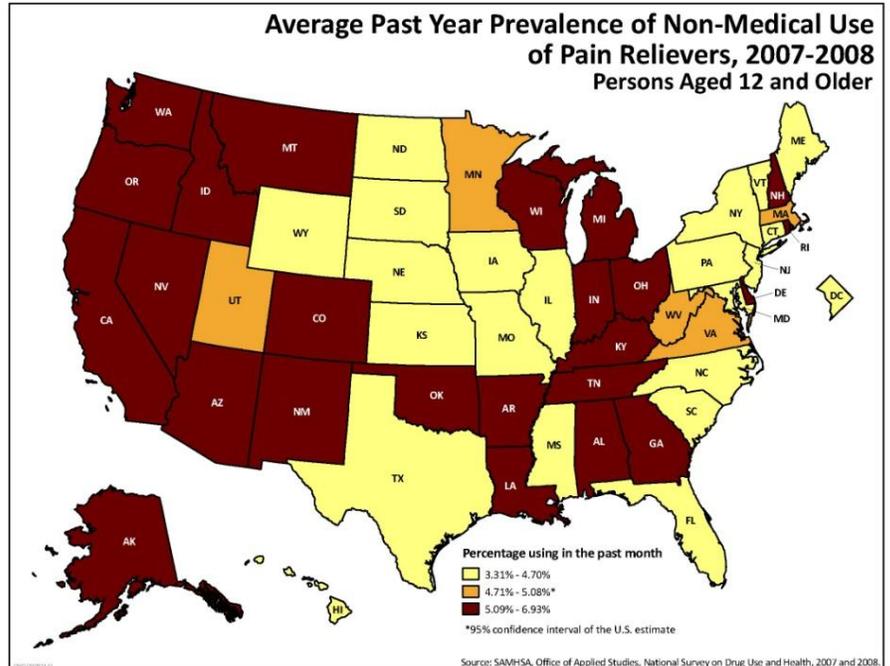
Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: <http://oas.samhsa.gov/dasis.htm>



# Prescription Drug Abuse

## ONDCP's Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration's Prescription Drug Abuse Prevention Plan, entitled, "Epidemic: Responding to America's Prescription Drug Abuse Crisis," provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



## State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Thirty-five states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 13 states have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

**The Minnesota Prescription Monitoring Program (PMP)** was created as a way to prevent "doctor shopping," generally described as the practice of receiving prescriptions for the same controlled substances from multiple prescribers. Pharmacies licensed and located in Minnesota must report to the PMP all schedule II, III, and IV controlled substance prescriptions that they dispense. This includes prescriptions for those drugs in federal schedule V that are schedule III in Minnesota. All such prescriptions must be reported, including those dispensed for non-Minnesota residents or mailed/shipped out of state.

Source: Minnesota Prescription Monitoring Program: <http://pmp.pharmacy.state.mn.us/faq.html>

## State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

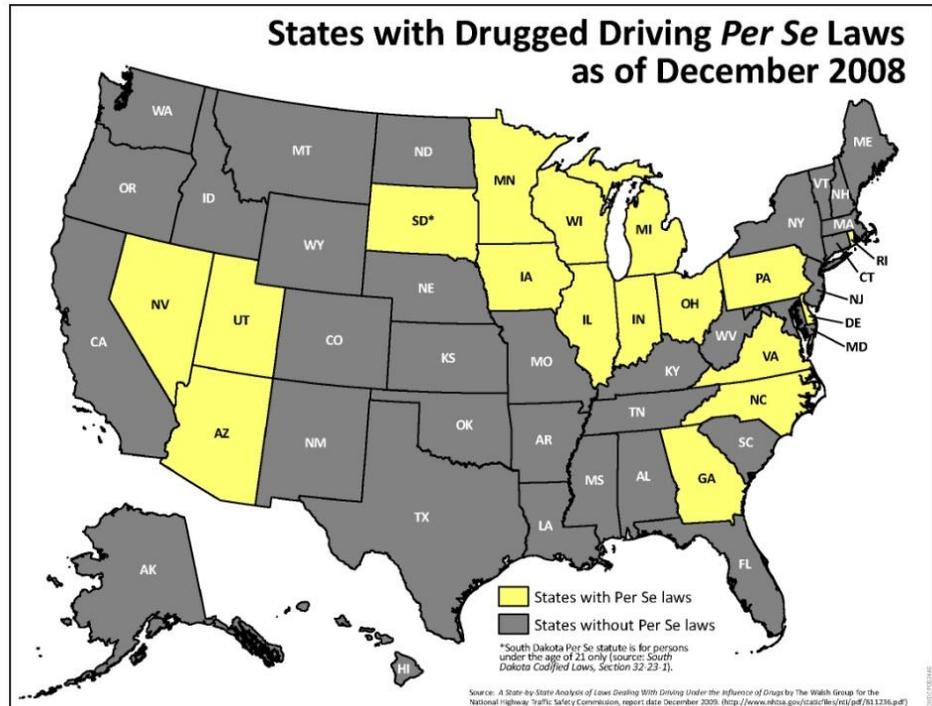
## Drugged Driving

### ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.

### State-Level Action: Enacting *Per Se* Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to consider *Per Se* standards for impairment that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states.



**Minnesota has a *Per Se* standard.** Under Minnesota law (Section 169A.20) establishes Zero Tolerance for scheduled controlled substances other than marijuana or tetrahydrocannabinoids. In Minnesota, it is a crime for any person to drive, operate, or be in physical control of a motor vehicle within the state or upon the ice of any boundary water of the state when the person is under the influence of a controlled substance; is knowingly under the influence of a hazardous substance that affects the nervous system, brain, or muscles so as to substantially impair the person's ability to drive or operate the motor vehicle; or when the person's body contains any amount of a controlled substance listed in schedule I or II other than marijuana or hydrocannabinoids. Proof of a valid prescription for the controlled substance is an affirmative defense for this provision.

*Source: A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs, by the Walsh Group for the National Highway Traffic Safety Administration, December 2009.*

## ONDCP Support for Community-Based Prevention

### National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including in Native American and Alaska Native communities) to young people about drug use and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

### The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2011, the following Minnesota coalitions received grants from ONDCP:

- Brown County Underage Substance Abuse Coalition (USAC)
- Catholic Charities of St. Cloud Diocese
- CHAMP (Wadena)
- Chemical Health Coalition of Yellow Medicine County
- Freeborn County Partners in Prevention
- Goodhue County Social Services
- Kandiyohi County ATOD Coalition
- Northfield healthy Community Initiative
- Partnership for Change
- Polk County
- Renville County Public Health Service
- Rice County Chemical Health Coalition
- Safe Communities Coalition
- Steele County Safe and Drug Free Coalition
- Substance Abuse Coalition of Kanabec County (SACK)
- Tonka Cares
- Tri-City Partners for Healthy Youth and Communities (TCP)
- Washington County Chemical Health Action Collaborative
- Working Together-A Coalition for Safe and Healthy Communities

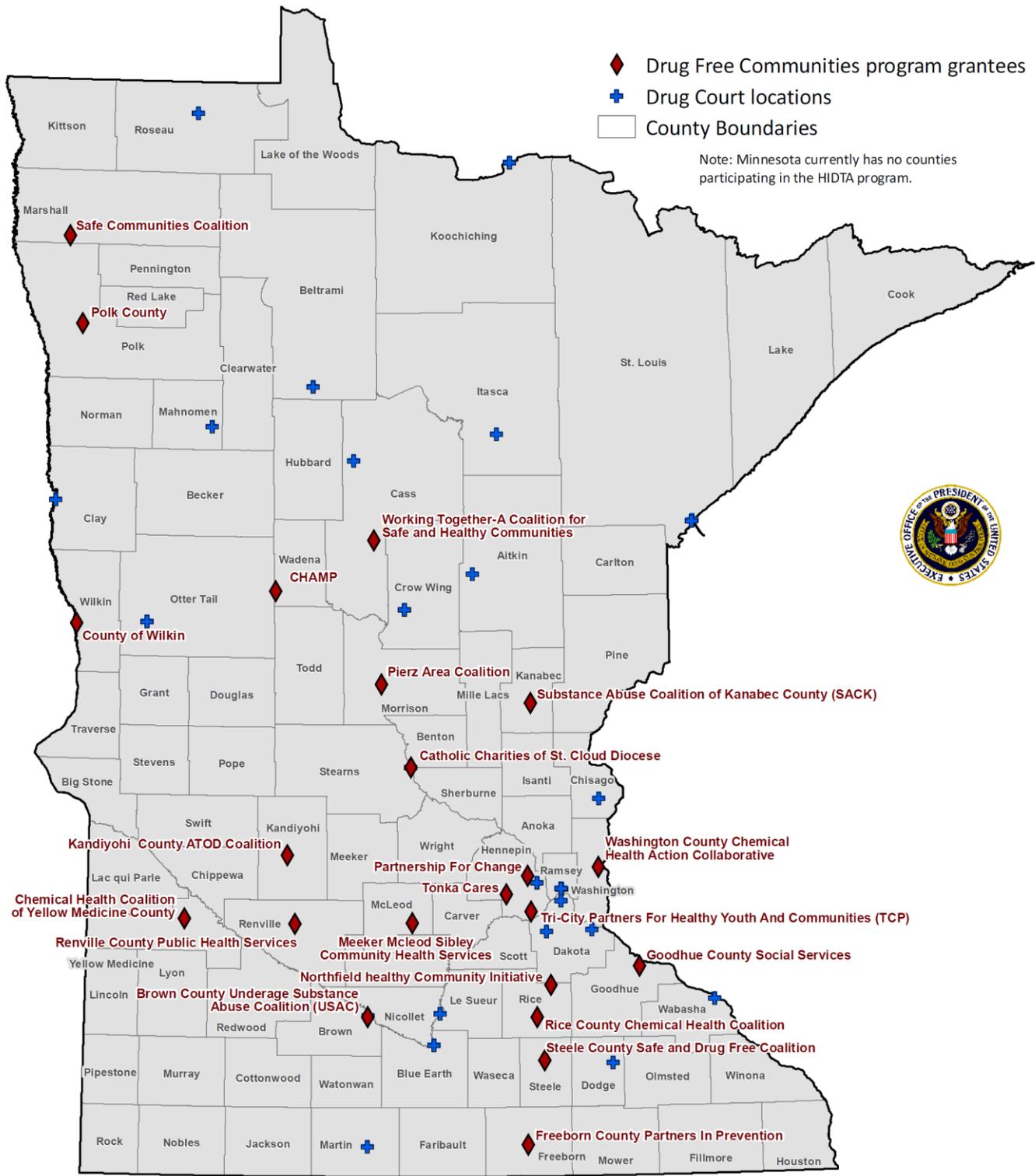
## Federal Grant Awards Available to Reduce Drug Use in the State of Minnesota

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2010, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2010, your State received support under the grant programs shown below.

<b>Federal Grant Awards</b>		<b>2010</b>
<b>Department of Education</b>		
<b>Safe and Drug-Free Schools and Communities_National Programs</b>		<b>2,836,283</b>
Alcohol Abuse Reduction Grants		211,707
Building State And Local Leadership Capacity for Preventing Youth Substance Use and Violence		124,845
Competition To Prevent High-Risk Drinking & Violent Behavior Among College Students		249,731
Safe Schools/Healthy Students Grants		2,250,000
<b>Department of Health and Human Services</b>		
<b>Administration for Children and Families</b>		<b>4,689,619</b>
Enhance the Safety of Children Affected by Parental Methamphetamine or Other Substance Abuse		500,000
Mentoring Children of Prisoners		330,000
Promoting Safe and Stable Families		3,859,619
<b>Health Resources and Services Administration</b>		<b>925,000</b>
Healthy Start Initiative		925,000
<b>Immediate Office of the Secretary of Health and Human Services</b>		<b>244,134</b>
Family and Community Violence Prevention Program		244,134
<b>Indian Health Service</b>		<b>546,750</b>
Urban Indian Health Services		546,750
<b>National Institutes of Health</b>		<b>29,100,100</b>
Discovery and Applied Research for Technological Innovations to Improve Human Health		5,390,429
Drug Abuse and Addiction Research Programs		23,709,671
<b>Substance Abuse and Mental Health Services Administration</b>		<b>30,722,710</b>
Block Grants for Prevention and Treatment of Substance Abuse		25,597,426
Projects for Assistance in Transition from Homelessness (PATH)		821,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance		4,304,284
<b>Department of Housing and Urban Development</b>		
<b>Assistant Secretary for Community Planning and Development</b>		<b>4,346,400</b>
Shelter Plus Care		4,346,400
<b>Assistant Secretary for Housing--Federal Housing Commissioner</b>		<b>44,999</b>
Shelter Plus Care		44,999
<b>Department of Justice</b>		
<b>Office of Justice Programs</b>		<b>16,821,284</b>
Congressionally Recommended Awards		740,000
Criminal and Juvenile Justice and Mental Health Collaboration Program		300,000
Drug Court Discretionary Grant Program		768,653
Edward Byrne Memorial Justice Assistance Grant Program		6,584,675
Enforcing Underage Drinking Laws Program		356,400
Juvenile Accountability Block Grants		795,300
Juvenile Mentoring Program		903,941
National Institute of Justice Research Evaluation and Development Project Grants		2,055,049
Recovery Act - Edward Byrne Memorial Justice Assistance Grant (JAG) Program		53,446
Residential Substance Abuse Treatment for State Prisoners		271,452
Second Chance Act Prisoner Reentry Initiative		3,299,319
Tribal Youth Program		368,049
Youth Gang Prevention		325,000
<b>Executive Office of the President</b>		
<b>Office of National Drug Control Policy</b>		<b>3,070,447</b>
High Intensity Drug Trafficking Area Program		3,070,447
<b>Substance Abuse and Mental Health Services Administration</b>		<b>2,519,783</b>
Drug-Free Communities Support Program Grants		2,519,783
<b>Grand Total</b>		<b>95,867,509</b>

**Note:** Report as of 11/30/2010. FY 2009 includes additional grant awards under the Recovery Act. The Federal, State and Local Shares of Medicaid and the Federal Medicare Programs are not included above. File updated 06/07/2011.

# Office of National Drug Control Policy Programs in Minnesota and Drug Court Locations



Source: National Drug Court Institute and ONDCP, September 2011

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